



APPLICATION FOR AMBULANCE SERVICE LICENSE

Tennessee Department of Health Division of Emergency Medical Services

1st Floor, Cordell Hull Building
425 5th Avenue, North
Nashville, TN 37247-0701
Office Phone (615) 741-2584
Fax (615) 741-4217

Name of Service: _____

Name of Applicant: _____

Mailing Address: _____

Street Address

Post Office Box

City

State

ZIP

Street Address and Location of Principal Place of Business if different from above:

City

State

ZIP

Office Telephone _____ Fax _____

Emergency Telephone _____

Attach list of additional stations with addresses by street location and separate telephone numbers.

Describe principal nature of ambulance or invalid transfer operations _____

Is this service a *primary provider* of emergency medical services as defined in Rule 1200-12-1-.14? _____

FEES

Service License and Vehicle Permit fee – Ambulance services, invalid services, and advanced non-transport emergency medical services shall remit fees as follows:

Initial license fee for new air or ground ambulance, invalid or other regulated services -	\$2,000
Each ground vehicle to be permitted (\$100) x _____ Number of Vehicles	+
Included in the initial License ...	Vehicle permit fees _____

~~~~ENCLOSE CHECK OR MONEY ORDER FOR TOTAL FEES \_\_\_\_\_

**OWNERSHIP TYPE:**                   \_\_\_ For-Profit                   \_\_\_ Non-Profit

\_\_\_ Single Proprietor                   \_\_\_ Local Government  
\_\_\_ Limited Partnership                   \_\_\_ State Government  
\_\_\_ Association                   \_\_\_ Other (Specify) \_\_\_\_\_  
\_\_\_ Corporation

**MANAGEMENT ORGANIZATION:**

\_\_\_ Government                   \_\_\_ Civil Defense                   \_\_\_ Industry  
\_\_\_ Hospital                   \_\_\_ Fire Department                   \_\_\_ Proprietor  
\_\_\_ Other \_\_\_\_\_

**VEHICLE INFORMATION:**

Apply for permits by providing a listing of all vehicles with the following information:

Use, Year, Manufacturer, Type/Model, Vehicle Identification Number, License Tag Number, Unit Call Number and Mileage (These listings should be typed landscape-style on 8.5 by 11 paper.)

**A MECHANICAL SAFETY INSPECTION (PH-2405) MUST BE FURNISHED FOR EACH VEHICLE.**

**INSURANCE**

**Please List the Insurance Agent and/or Company providing Vehicle and Professional Insurance:**

**Vehicle Liability Insurance:**

Agent \_\_\_\_\_  
Or Company Name

Address:

Telephone:

FAX:

**Professional Liability Insurance:**

Agent \_\_\_\_\_  
Or Company Name

Address:

Telephone:

FAX:

**AN ORIGINAL CERTIFICATE OF INSURANCE MUST BE SUBMITTED DEMONSTRATING COMPLIANCE WITH RULE 1200-12-1-.08 INSURANCE COVERAGE. THIS MUST BE FORWARDED BY YOUR INSURANCE AGENT OR COMPANY TO THE DIVISION OFFICE  
MARKED ATTENTION: AMBULANCE SERVICE LICENSURE**

## EMS PERSONNEL

An applicant for an ambulance service license must submit a listing of emergency medical personnel and vehicle operators initially employed by the operation. This listing shall provide the following information:

Name of employee, Social Security Number, Date of Birth, Driver License Number and State, Driver License Endorsements, Tennessee EMS Personnel License Number, License Level, and Expiration date.

A Class D Driver License with (f) for-hire endorsement is required unless the operator holds a commercial driver license (Class A, B, or C). EMS personnel licenses should indicate in the individual is licensed as an EMT, EMT-IV, EMT/P (paramedic), or RN/EMT. After filing the listing with the initial license application, the listing should be updated as personnel change. The EMS Consultant will review this information on the service audit/survey.

## RADIO COMMUNICATIONS – FOR AMBULANCE SERVICE APPLICANTS

DEMONSTRATE COMPLIANCE WITH TENNESSEE EMS TELECOMMUNICATIONS RULES AND PLAN.

Attach a copy of the current FCC Radio Station License, identifying call sign, station location, appropriate EMS radio frequencies, and license expiration date, or provide:

1. A copy your application for the FCC License (Form 600) identifying appropriate EMS Frequencies, and
2. A Letter of Cooperative Communications with a Licensed EMS Base Station in Tennessee; or,
3. A Letter of Mobile Unit Authorization and Assignment under an existing EMS radio fleet.

If the dispatch facilities are not located at the ambulance service address, please identify the street location and non-emergency telephone contact number.

|                  |                  |
|------------------|------------------|
| _____            | Telephone: _____ |
| Street Address   | Area Code        |
| _____            |                  |
| City, State, Zip |                  |

## MEDICAL DIRECTOR

A LETTER FROM A TENNESSEE LICENSED PHYSICIAN ACCEPTING OFF-LINE MEDICAL DIRECTION MUST BE SUBMITTED. Rule 1200-12-1-.14 (3) explains the functions of the medical director. An example format of the Medical Director's letter is included with the application packet. Please identify the service medical director and provide the following information:

Name of Medical Director \_\_\_\_\_

Office Address (Street or PO Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The applicant hereby certifies that they have read and prepared this application and knows the contents thereof; that the statements are true and correct, and that the applicant has obtained and reviewed copies of the Statutes and Rules regulating the provision of emergency medical and ambulance services in the State of Tennessee.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Applicant

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Title or Position

RFL113000

## Emergency Medical Services Personnel and Vehicle Operators

**Service:**\_\_\_\_\_

**County:**\_\_\_\_\_

[illegible]

**Vehicle Information****Complete Listing By County of Operation**

Service Name \_\_\_\_\_ County \_\_\_\_\_

| Use | Year | Manufacturer | Type/Mod | Vehicle Identification Number | License Tag | Unit Call Number | Mileage |
|-----|------|--------------|----------|-------------------------------|-------------|------------------|---------|
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |
|     |      |              |          |                               |             |                  |         |

Indicate Use of Vehicle with the following abbreviations:

ALS – Advanced Life Support Ambulance

BLS – Basic Life Support Ambulance

INV – Invalid Transport Vehicle

NEO- Neonatal Transport Ambulance

Vehicle Mechanical Safety Inspections should be submitted with the vehicle listing .